TRICARE Northwest – Regional 11

Prescribing Guidelines for the Use of NSAID and COX II

CHOOSING AN AGENT: Selecting a non-steroidal is a process of balancing efficacy, risk, and cost. Choose the agent with acceptable risk, good efficacy, and the lowest cost consistent with the first two criteria. Agents are ranked into first tier (try first), second tier, and third tier (COX-2s). In most cases, patients should not be offered second or third tier agents until at least two other agents have been tried.

COX-2s: SALES PITCH vs. AVAILABLE FACTS: The primary modifiable risk of NSAID therapy is GI bleeding. COX-2 inhibitors offer some GI protection but neither increased efficacy nor protection against NSAID-induced renal failure. ASA provides cardioprotection but negates the GI protection offered by COX-2s. COX-2s do not prevent or relieve non-ulcer dyspepsia caused by NSAIDs.

RECOMMENDED THERAPY FOR PATIENTS AT INCREASED RISK OF GI BLEEDING

RISK FACTOR:	Initial Rx	Rationale	If bleeding/gastritis occurs:	If ineffective:
Therapeutic Anticoagulation Hx NSAID related ulcer Hx UGI bleed	Acetaminophen or COX-2	Highest risk for bleeding	Add PPI (>50% risk reduction) or misoprostol (40% risk reduction, main side effect diarrhea)[1]	COX-2 or Mobic
Coagulopathy Hx peptic ulcer disease, no bleed Steroid use	Salsalate	Moderately high risk for bleeding	Add PPI, misoprostol, or switch to COX-2	1st tier NSAID + PPI
Use of aspirin or Aggrenox (contains ASA), methotrexate	1st tier NSAID[2] Consider PPI	Risk from ASA outweighs risk from NSAID	Add PPI or misoprostol. Consider d/c aspirin if possible.	2nd tier NSAID.
Other antiplatelet agents (clopidogrel) Over 65 years old	1st tier NSAID Consider PPI	Only minor increase in bleeding risk	Add PPI or misoprostol	2nd tier NSAID

Tier	Drug	Trade Name	Dose	Daily Cost	GI Tox[3]	Comments
1st	Salsalate	Disalcid	500-1000 mg bid	$0.08	0.81	Probably less effective pain relief
	Ibuprofen	Motrin	400-800 mg tid	$0.03	1.13	Cheap and effective, the benchmark for comparisons below. Effective for gout.
	Sulindac	Clinoril	200-400 mg qd	$0.20	1.68	Less risk of renal injury
	Naproxen	Naprosyn	250-500 mg bid	$0.10	1.91	More convenient dosing
	Piroxicam	Feldene	20 mg qd	$0.20	2.03	Convenient daily dosing
	Indomethacin	Indocin	25-50 mg tid	$0.10	2.39	Traditional choice for gout
2nd	Meloxicam	Mobic	7.5-15 mg po qd	$0.90		COX-2 selective but not FDA labeled as such.
	Etodolac	Lodine	200-400 mg tid	$0.50		Partially COX-2 selective at lower doses.
	Nabumetone	Relafen	500-1000 mg bid	$1.20		Partially COX-2 selective at lower doses.
	Diclofenac	Voltaren	75 mg bid	$0.50	1.81	Preserves cardioprotective effect of ASA[1].
3rd	Celecoxib	Celebrex	100-200 mg po qd to bid	$1.20-2.40		Requires NDR. Avoid in sulfa allergy. No GI protection if given with ASA.
	Rofecoxib	Vioxx	12.5-25 mg po qd	$1.20-2.40		Requires NDR. No GI protection if given with ASA.

Guideline Approved: 8 March 2002

[1] NEJM 1999:340:1888-99.
[2] In vitro evidence suggests that NSAIDs, with exception of diclofenac and COX-2 selective agents, may blunt the cardioprotective effect of aspirin. No clinical data yet. NEJM, 2001; 345:1809-17.
[3] GI TOX = "GI toxicity index". Higher is more toxic. Singh G., J. Rheum. 1998, (suppl).